

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/10/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  08G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 01/27/2012
NAME OF PROVIDER OR SUPPLIER  STOCKLEY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 26351 PATRIOTS WAY GEORGETOWN, DE 19947		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 000	INITIAL COMMENTS  An unannounced annual survey and complaint visit was conducted at this facility from January 23, 2012 through January 27, 2012. The deficiencies contained in this report are based on observation, interviews, review of clients' records and review of other facility documentation as indicated. The facility census the first day of the survey was sixty-six (66). The survey sample totaled thirteen (13) clients.	W 000			
W 108	483.410(b) COMPLIANCE W FEDERAL, STATE & LOCAL LAWS  The facility must be in compliance with all applicable provisions of Federal, State and local laws, regulations and codes pertaining to safety.  This STANDARD is not met as evidenced by: Based on observation in the kitchen of 102 Waples Way, it was determined that the facility failed to ensure the safety of the residents living in the cottage by leaving chemicals unlocked. Findings include:  On 1/25/12 at 9:45 AM, the right side cabinet door located under the sink was unlocked. Several bottles of cleaning supplies were located in this cabinet and a sticker posted on the front of the door read, "keep locked". The doors to the kitchen were open and the room was accessible to ambulatory clients.	W 108	W 108  • Direction was placed in the staff's daily communication book regarding the kitchen cabinet containing chemicals being kept locked for safety. The additional task of checking the cabinet was added to the staff's written assignments. <i>Exhibit A Completed 2/1/12</i>  • The topic of chemical safety and the keep locked requirement was reviewed in the 102WW staff meeting on 2/13/2012, and the Residential/Nursing Management meeting on 2/6/2012. <i>Completed 2/6/12 &amp; 2/13/12</i>  • The facility's chemical storage practices were reviewed and checked for compliance. All chemicals are not accessible to residents and/or locked. <i>Completed 2/16/12</i>  • The addition of child safety locks on the kitchen cabinet to further deter access by residents. <i>To be completed by 2/28/12</i>		
W 331	483.460(c) NURSING SERVICES  The facility must provide clients with nursing services in accordance with their needs.	W 331			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Adrian Meas Wilmsinger Executive Director 2/2/12*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/10/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>08G001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/27/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>STOCKLEY CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>26351 PATRIOTS WAY GEORGETOWN, DE 19947</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 331	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on record review, interview, and review of facility's policies and procedures it was determined that for three (C11, C13, and C12) out of 13 sampled clients, the facility failed to provide clients with nursing services in accordance with their needs. The facility failed to thoroughly assess C11's (was dependant on continuous oxygen therapy) respiratory status when he experienced a change in condition and failed to promptly notify the medical team. In addition, the facility failed to respond promptly with nursing services in accordance with C11's needs. The facility failed to do a thorough assessment of C13's respiratory status and failed to promptly notify the medical team. C12 had a change in condition as evidenced by low blood pressure, rapid heart rate, and decreasing blood oxygen saturation and the facility failed to notify the medical team promptly. In addition, the facility failed to closely monitor and reassess C12's condition which resulted in C12 being admitted to the hospital for acute hypoxemic respiratory failure secondary to aspiration pneumonia. Findings include:</p> <p>1. C11 had diagnoses that included profound mental retardation, seizures, microencephaly, severe dysphagia (received feedings via gastrostomy tube/G-tube), severe asthma, progressive pulmonary disease with fibrosis, was receiving oxygen at 2 liters per minute and morphine therapy for chronic cough and dyspnea. C11 had a current "Do not resuscitate" order. C11's nursing care plan stated: Observe for and document signs and symptoms of ineffective breathing such as shortness of breath, nasal</p>	W 331	<p><b>W 108 continued</b></p> <ul style="list-style-type: none"> <li>Supervisors will be instructed to make extra checks on safe chemical storage including 102WW kitchen, and to document their findings and corrections. <b>Exhibit B</b> <b>Completed 2/17/12 &amp; Ongoing</b></li> <li>The Office of Quality Management will complete quarterly environmental inspections. <b>To be completed by 4/14/12 &amp; Ongoing</b></li> </ul> <p><b>W 331</b></p> <ul style="list-style-type: none"> <li>Appropriate corrective actions were completed with all nurses involved in the referenced incidents. <b>Completed 2/17/12</b></li> <li>A memo was sent on 2/6/12, to all nursing staff outlining the expectations for completing thorough physical assessments and prompt notification of the medical team. <b>Exhibit C</b> <b>Completed 2/6/12</b></li> </ul>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/10/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  08G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 01/27/2012
NAME OF PROVIDER OR SUPPLIER  STOCKLEY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 26351 PATRIOTS WAY GEORGETOWN, DE 19947		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 331	<p>Continued From page 2 flaring, apnea etc.</p> <p>Review of C11's routine progress note by the attending physician dated 4/11/11 documented blood pressure (B/P) of 107/72, heart rate (HR) of 88 per minute; respiratory rate (RR) of 18, and pulse oximetry (monitors oxygen saturation) of 92% on 2 liter of oxygen.</p> <p>The CNA (certified nursing assistant) note dated 4/16/11 and timed 4 PM documented that C11 "yelled more today than normal." At approximately 8:15 PM, the charge nurse documented C11's vital signs: temperature (T) 100.8 F axillary, RR 36, HR 128, pulse oximetry 95 -98% on 2 liters oxygen (no blood pressure/BP noted) and a respiratory assessment as follows: "Rhonchi bilaterally. Grunting breathing." Also documented was "Seizure activity witnessed by Respiratory (therapist) lasting 1 minute &amp; 15 seconds." The nurse practitioner (NP) was notified and orders obtained. The verbal physician order read as follows:          " 1. Tylenol (medication) 6.5 ml.(milliliter)/650 mg. (milligram) via G-Tube prn (as needed) @ (at) 2AM, 12 noon, 4PM for temp. &gt;99.9 Ax (axillary) x (times) 48 hrs.(hours)          2. Vital signs q (every) 4 hrs x 48 hrs.          3. Sputum culture 4/17/11 AM          4. CXR (chest X-ray) 4/17/11          5. Avelox (medication) 400 mg (milligrams) via G-Tube q day x 10 days after sputum culture obtained."          There was no signature by the attending physician or the NP.</p> <p>The nursing note dated 4/16/11 and timed 9:55 PM documented C11's vital signs: T 97.7 axillary,</p>	W 331	<p><b>W 331 continued</b></p> <ul style="list-style-type: none"> <li>A sweep of records for residents with recent significant medical issues was completed using the attached COR Nursing/Medical Review form. <i>Exhibit D Completed 2/21/12</i></li> <li>The findings from these reviews will be reviewed by the Director of Nursing and appropriate corrective actions will be taken. <i>To be completed by 3/9/12</i></li> <li>An in-service for nursing staff on Physical Assessment will be presented by the nurse practitioners the weeks of March 5 and 12, 2012. <i>To be completed by 3/16/12</i></li> <li>The Nursing Documentation Procedure will be revised to include the routine ongoing monitoring of nursing documentation by the nursing supervisors. <i>To be completed by 3/9/12 &amp; Ongoing</i></li> </ul>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/10/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  08G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 01/27/2012
NAME OF PROVIDER OR SUPPLIER  STOCKLEY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 26351 PATRIOTS WAY GEORGETOWN, DE 19947		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 331	<p>Continued From page 3</p> <p>pulse oximeter 95% on 2 liters oxygen, HR 122, RR 30, and B/P 106/73. A seizure lasting 15 seconds and grunting respirations were also documented. The medication administration record for April 2011 noted C11's routine bedtime medication, APAP 650 mg. (which was a form of Tylenol) was administered. C11 had not voided that shift and the nurse reported these findings to the charge nurse not the Nurse Practitioner who was on call. The night shift nursing note dated 4/17/11 documented vital signs from 12 AM to 5 AM. The RR was 22 to 28 but there was no documentation of C11's respiratory status (or oxygen level) other than the pulse oximetry reading of 93% and HR of 122 at 12 AM. The nurse documented that C11 voided a small amount and supervisor was notified.</p> <p>The nursing note date 4/17/11 and timed 7:17AM documented full vital signs of HR of 116 and RR of 28, while C11 was on 2 liters of oxygen, and a lung (some rhonchi, no wheezing) and gastrointestinal (abdomen slightly firm from distention) assessments. At 9:40 AM sputum culture, CXR and Avelox administration were completed (no respiratory assessment noted).</p> <p>The nursing note at 11:20 AM documented that C11 was found at approximately 10:55 AM grunting at a rate of 60 breaths/min., pulse oximetry 81% (critical low value) on 2 liters of oxygen which only increased to 84% when liters increased to 4 liters; skin was cool and clammy with HR of 115 and BP of 114/65. Respiratory therapy was notified of C11's distress and unable to auscultate breath sounds. Oxygen mask at 10 liters was applied which increased the pulse oximeter to 92% (normal standard dictated in</p>	W 331	<p><b>W 331 continued</b></p> <ul style="list-style-type: none"> <li>The Physician's Generic Standing Orders and Medical Team Notification policy for medical team notification will be revised to include instructions for when a member of the medical team does not respond timely. <i>To be completed by 3/9/12</i></li> <li>The nurse supervisors will be trained on proper completion of the COR Nursing/Medical audit. <i>To be completed by 3/16/12</i></li> <li>The nurse supervisors will complete routine periodic COR Nursing/Medical audits to ensure thorough documentation and prompt notification of the medical team has occurred. <i>To be completed by 4/1/12 &amp; Ongoing</i></li> <li>These audits will be reviewed by the Director of Nursing for any deficient practices and appropriate actions will be taken with the nurses involved. <i>To be completed by 4/1/12 &amp; Ongoing</i></li> <li>Designation has been made for a nursing educator at Stockley Center. <i>Completed 2/16/12 &amp; Ongoing</i></li> </ul>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/10/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  08G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C: 01/27/2012
NAME OF PROVIDER OR SUPPLIER  STOCKLEY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 26351 PATRIOTS WAY GEORGETOWN, DE 19947		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 331	<p>Continued From page 4</p> <p>policy). The nursing supervisor was notified and C11 was transported to the (name of hospital) where he was admitted for treatment. The treatment was discontinued and C11 was given IV Morphine and later expired at 7:30 PM. Cause of death documented as acute respiratory failure and pneumonia.</p> <p>The facility's medical procedure titled "Physician's Generic Standing Orders and Medical Team Notification" included "Ill Procedure, 3. The medical team should be notified promptly by phone or in person if:</p> <ul style="list-style-type: none"> <li>a. a resident is placed on oxygen, the oxygen level is increased, or the resident develops respiratory distress. Be sure to obtain a full set of vital signs, auscultate lungs, and have the respiratory treatment plan available prior to call.</li> <li>c. a resident develops increased pain, fever over 100 degrees orally or equivalent, or other abnormal vital sign such as high or low blood pressure or respiratory rate appears clinically significant." <p>Review of the facility's nursing policy and procedure titled "Nursing Documentation" stated:</p> <p>"IV. Situation Requiring Documentation:</p> <ul style="list-style-type: none"> <li>-Change in individual's health status (illness or injury)</li> <li>-Observations on each shift during an illness, including vital signs and pain scale as indicated until symptoms are resolved. Documentation should continue on an illness for the duration and should include medications, their effectiveness, any side effects and notification of the physician." <p>Although C11 was correctly transported to an acute care hospital for change in health condition,</p> </li></ul></li></ul>	W 331	<p><b>W 331 continued</b></p> <ul style="list-style-type: none"> <li>• The Executive Director has established a more thorough internal death review process. <i>Exhibit E Completed 2/16/12 &amp; Ongoing</i></li> <li>• The Office of Quality Management will be asked by the Executive Director to complete surveys to ensure implementation of any recommendations/changes/corrective measures for all deaths. <i>After the Next Death &amp; Ongoing</i></li> <li>• The Facility Records Committee has been revised to the "Facility Peer Review Committee" that will have the responsibility to ensure compliance of individual records with applicable regulatory statutes and accrediting/licensing standards across all settings. <i>Exhibit F Completed 2/16/12 &amp; Ongoing</i></li> <li>• The Office of Quality Management will be asked by the Executive Director to complete quarterly random surveys to ensure implementation of any recommendations/ changes/ corrective measures for all deaths. <i>To be completed by 4/30/12 &amp; Ongoing</i></li> </ul>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/10/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  08G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 01/27/2012
NAME OF PROVIDER OR SUPPLIER  STOCKLEY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 26351 PATRIOTS WAY GEORGETOWN, DE 19947		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 331	<p>Continued From page 5.</p> <p>the nurses failed to report significant changes to the medical team (nurse practitioner on call) such as the elevated HR and RR on 4/16/11 at 9:55 PM and 12 midnight and no urine output during an 8 hr. shift on a febrile client. There was no respiratory assessment from 8:15 PM to 6:30 the following AM on a client who was having respiratory complications. The nurse on 4/17/11 also documented significant changes at 7:17 AM and did not notify the medical team until the client was in acute respiratory distress at 10:55 AM. The radiology service was available to perform CXR after hours and nurses could have obtained the sputum cultures yet diagnostic services were ordered for the AM.</p> <p>An interview with respiratory therapist, E9 on 1/26/12 at approximately 2:30 PM revealed that the therapists worked 10-12 hrs. daily and the nurses are to perform all respiratory care and treatment in their absence. (They also document on nasal cannula oxygen dependent clients by exception per facility policy and report any abnormal findings to the nurse on duty.) These statements were confirmed by the Qualified Mental Retardation Professional (E10) at 2:45 PM.</p> <p>An interview with the medical director E6 on 1/27/12 at approximately 11:30 AM confirmed the delay in service of diagnostic services including CXR and sputum culture which were not done until the AM, thus, antibiotic treatment was not initiated. In addition, orders were not signed and nursing assessments were not complete.</p> <p>Findings were reviewed with Director of Nursing, E3 on 1/27/12 at 12 PM who also confirmed the</p>	W 331			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/10/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  08G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 01/27/2012
NAME OF PROVIDER OR SUPPLIER  STOCKLEY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 26351 PATRIOTS WAY GEORGETOWN, DE 19947		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 331	<p>Continued From page 6 above findings.</p> <p>2. C13 was admitted to the facility with diagnoses that included profound mental retardation, hypothyroidism, osteoporosis, severe kyphoscoliosis, thrombocytopenia, bipolar disease, blindness, dysphagia, colostomy and jejunostomy tube.</p> <p>The November 2011 physician order for C13 documented an order for "Duoneb 2.5/0.5 mg. via nebulizer every 4 hours as needed for shortness of breath/wheezing."</p> <p>Review of C13's "Interdisciplinary/Progress Notes (IDCP Notes)" dated 11/27/11 and timed 6 AM written by the 11-7 CNA stated C13 was awake on and off through the night with some coughing. The 11-7 nurse documented in the IDCP Notes that at 6 AM, C13's vital signs were T of 97.6 F axillary, B/P 118/68, HR 88, RR 20 and her pulse oximetry of 95% on room air. The nurse continued to document that C13 had a deep, non-productive cough that was noted throughout the night.</p> <p>The facility's nursing procedure for "Assessing Respirations" stated to determine the rate and quality of a resident's respiration rate the nurse assess the depth of the respirations by observing movement of the chest. Describe as normal, deep or shallow. The nurse should auscultate and percussion may be needed to assess abnormal lung sounds. Document and report pertinent assessment data; C13's record lacked evidence that her lungs were auscultated or an assessment was done of the depth of her</p>	W 331			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/10/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  08G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 01/27/2012
NAME OF PROVIDER OR SUPPLIER  STOCKLEY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 26351 PATRIOTS WAY GEORGETOWN, DE 19947		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 331	<p>Continued From page 7</p> <p>respirations even though she was documented to have deep non-productive cough. There was no evidence that the respiratory staff were notified to assist with C13's assessment and care.</p> <p>On 11/27/11 at 11:30 AM, the 7-3 nurse documented that she walked into C13's room at 11:13 AM. She was sitting in her wheelchair. Hands were cold to touch, mouth cyanotic. There was no pulse. Nurse supervisor was notified and C13 was pronounced dead. The nursing supervisor documented that the physician and the guardian were notified. The record review lacked evidence indicating that the 7-3 nurse assessed C13 who had a change in condition by having a deep non-productive cough on the 11-7 shift before C13 was found deceased.</p> <p>"Physician's Generic Standing Orders and Medical Team Notification" revealed to notify the medical team promptly by phone or in person if "Procedure, d. a resident has a change in level of consciousness, agitation, etc.."</p> <p>The IDCP Notes dated 11/28/11 and timed 10:15 AM from E8, previous medical director revealed "Patient was found deceased, sitting in wheelchair at 11:24 AM. She had been afebrile with vital signs at 6 AM, but had a deep non-productive cough noted through the night but not reported to me." An autopsy was requested.</p> <p>Review of C13's death certificate revealed the cause of death was sudden cardiorespiratory death, tracheobronchial plugging of mucus, debilitating condition, old age and multiple medical conditions, and dysphagia. The manner of death was documented as being natural.</p>	W 331			



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/10/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  08G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 01/27/2012
NAME OF PROVIDER OR SUPPLIER  STOCKLEY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 26351 PATRIOTS WAY GEORGETOWN, DE 19947		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES. (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 331	<p>Continued From page 8.</p> <p>On 1/26/12 at 12:05 PM, an interview with E3, Director of Nursing revealed that the 11-7 nurse should have completed a thorough assessment. The physician should have been notified and this change of status should have been documented on the Situation Background and Assessment Recommendation and the 24 hour report. Review of these reports with E3 failed to have documentation concerning C13's change in health status. The 7-3 nurse should have assessed C13 when she came in and should have contacted the physician when the 11-7 nurse failed to do so. The staff could have notified the Respiratory staff if they had a respiratory/coughing concern.</p> <p>On 1/27/12 at 8:50 AM, the surveyor met with the Administrator E1, the Medical Director E6, and E3. The concerns surrounding the care of C13 identified were presented to this team. All the concerns were confirmed.</p> <p>On 1/27/12 at 11:10 AM interview with E7, Respiratory Therapist revealed that if anyone from his department was notified of any respiratory problem or coughing problem, they would have documented their assessment in the IDCP Notes or on the Treatment Assessment Record. Review of these two records failed to have documentation that the respiratory personnel were notified of C13's non-productive deep cough or that a staff member administered a nebulizer treatment for C13.</p> <p>3. C12 was admitted to the facility with diagnoses including mental retardation severe, Tourette's Syndrome, osteoarthritis, hypertension, histories</p>	W 331			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/10/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  08G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 01/27/2012
NAME OF PROVIDER OR SUPPLIER  STOCKLEY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 26351 PATRIOTS WAY GEORGETOWN, DE 19947		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 331	<p>Continued From page 9</p> <p>of anemia and iron deficiency, chronic constipation.</p> <p>Review of C12's "Nursing Quarterly Visual Review" dated 2/20/11 documented B/P 121/80, HR 72, RR 16, and pulse oximetry of 96% on room air (RA).</p> <p>A review of the facility's policy and procedure titled "Physician's Generic Standing Orders and Medical Team Notification" revealed to notify the medical team promptly by phone or in person if "Procedure, 3, c. a resident develops increased pain, fever over 100 degrees orally or equivalent, or other abnormal vital signs such as high or low blood pressure or respiratory rate which appears clinically significant."</p> <p>Review of the "IDCP Notes" dated 3/15/12 timed 7:24 AM documented by E4 (Registered Nurse) that C12 was complaining of nausea and vital signs included B/P of 86/64, HR of 102, RR of 24 and pulse oximetry of 90-92%. In addition, C12 vomited small amount of frothy white/clear emesis and abdominal assessment revealed hypoactive bowel sounds with tenderness noted on palpation of right lower quadrant and to be seen by M.D.</p> <p>E4, following the above assessment documented the findings on the facility's "Resident Care Communication Worksheet" (a written form of communication to relay information to the medical team that are non urgent).</p> <p>Although C12 had abnormal vital signs, as evidenced by low blood pressure, rapid heart rate, and decreasing oxygen saturation, record</p>	W 331			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/10/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  08G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 01/27/2012
NAME OF PROVIDER OR SUPPLIER  STOCKLEY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 26351 PATRIOTS WAY GEORGETOWN, DE 19947		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 331	<p>Continued From page 10</p> <p>review lacked evidence that the medical team was promptly notified.</p> <p>Subsequent IDCP Note dated 3/15 and timed 9 AM documented that NP (Nurse Practitioner/E5) called unit and E5 notified of C12's status. Emesis X2.</p> <p>Subsequent IDCP Note dated 3/15 and timed 12:20 PM documented that at 10:40 AM, C12's HR was 120, RR24, pulse oximetry of 84-88%. Oxygen tank obtained with nasal cannula. Resp. (Respiratory) and NP (E5) contacted. Lungs bilaterally with rhonci, color poor, and using accessory muscles. Respiratory distress. Code called. C12 sent by ambulance to the hospital.</p> <p>Record review lacked evidence that C12's health condition was closely monitored or reassessed from the initial assessment at 7:24 AM till 10:40 AM, when C12 was found in respiratory distress.</p> <p>Review of the admission history and physical dated 3/15/11 revealed that upon arrival, C12's B/P was 77/53, HR of 124, RR of 59, and pulse oximetry was between 78-80%. "Reason for Admission: acute hypoxemic respiratory failure secondary to aspiration."</p> <p>An interview with E4 (Registered Nurse) on 1/26/12 at approximately 10 AM revealed that she had E5 paged through the facility operator three times before E5 contacted the unit at 9 AM. E4 further related that she checked on C12's after the initial assessment at 7:24 AM, however, E4 could not recall what reassessment information was gathered.</p>	W 331			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/10/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  08G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 01/27/2012
NAME OF PROVIDER OR SUPPLIER  STOCKLEY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 26351 PATRIOTS WAY GEORGETOWN, DE 19947		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 331	<p>Continued From page 11</p> <p>An interview with E5 on 1/30/12 at approximately 2:35 PM revealed that she does not recall that she was paged three times on 3/15/11 from approximately 7:24 AM to 9 AM. In addition, E5 related that if she was informed of the above significant change in condition, E5 would have sent the client to the hospital earlier since she would have known that the client's condition was quickly deteriorating.</p> <p>An interview with E3 on 1/27/12 at approximately 1 PM confirmed that due to C12's change in health condition, the staff on the medical team should have been contacted immediately. In addition, E3 related that she would have expected that C12's health condition would have been closely monitored and reassessed.</p> <p>Findings reviewed with E1, E2 (Director of Residential Services), and E3 on 1/27/12 at approximately 1:30 PM.</p>	W 331			



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Long Term Care  
Residents Protection

DHSS - DLTCRP  
3 Mill Road, Suite 308  
Wilmington, Delaware 19806  
(302) 577-6661

**STATE SURVEY REPORT**

Page 1 of 13

NAME OF FACILITY: Stockley Center

DATE SURVEY COMPLETED: January 27, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	An unannounced annual survey and complaint visit was conducted at this facility from January 23, 2012 through January 27, 2012. The deficiencies contained in this report are based on observation, interviews, review of clients' records and review of other facility documentation as indicated. The facility census the first day of the survey was sixty-six (66). The survey sample totaled thirteen (13) clients.	
3201	Skilled and Intermediate Care Nursing Facilities	
3201.1	Scope	
3201.2	Nursing facilities shall be subject to all applicable local, state and federal code requirements. The provisions of 42 CFR Ch. IV Part 483, Subpart B, requirements for Long Term Care Facilities, and any amendments or modifications thereto, are hereby adopted as the regulatory requirements for skilled and intermediate care nursing facilities in Delaware. Subpart B of Part 483 is hereby referred to, and made part of this Regulation, as if fully set out herein. All applicable code requirements of the State Fire Prevention Commission are hereby adopted and incorporated by reference.	
3201.6.0	Services to Residents	
3201.6.2.4	All written or verbal physician orders shall be signed by the attending physician or prescriber within 10 days.  This requirement is not met as evidenced by:  Based on record review and interview it	

Adelle Means Werninger Executive Director 2/21/12



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Long Term Care  
Residents Protection

DHSS - DLTCRP  
3 Mill Road, Suite 308  
Wilmington, Delaware 19806  
(302) 577-6661

**STATE SURVEY REPORT**

Page 2 of 13

NAME OF FACILITY: Stockley Center

DATE SURVEY COMPLETED: January 27, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
3201.6.6.1	<p>was determined that the facility failed to have verbal orders signed by the nurse practitioner for one (C11) out of 13 sampled clients. Findings include:</p> <p>Cross refer Title 16, Chapter 11, §1131(9), Neglect a. Example 1</p> <p>On 4/16/11 at approximately 8:15 PM, the charge nurse documented C11's vital signs: temperature (T) 100.8 F axillary, RR 36, HR 128, pulse oximetry 95-98% on 2 liters oxygen (no blood pressure/BP noted) and a respiratory assessment as follows: "Rhonchi bilaterally. Grunting breathing." Also documented was "Seizure activity witnessed by Respiratory (therapist) lasting 1 minute &amp; 15 seconds." The nurse practitioner (NP) was notified and orders obtained. The verbal order read as follows:</p> <p>"1. Tylenol (medication) 6.5 ml. (milliliter)/650 mg. (milligram) via G-Tube prn (as needed) @ (at) 2AM, 12 noon, 4PM for temp. &gt;99.9 Ax (axillary) x (times) 48 hrs. (hours)</p> <p>2. Vital signs q (every) 4 hrs x 48 hrs.</p> <p>3. Sputum culture 4/17/11 AM</p> <p>4. CXR (chest X-ray) 4/17/11</p> <p>5. Avelox (medication) 400 mg (milligrams) via G-Tube q day x 10 days after sputum culture obtained."</p> <p>This order was not signed by the nurse practitioner or the physician.</p> <p>Findings were reviewed with Director of Nursing, E3 on 1/27/12 at 12 PM who confirmed that the facility failed to ensure that the nurse practitioner signed C11's verbal orders.</p> <p><b>The facility shall maintain a safe, clean, and orderly environment, free from offensive odors, for the interior and exterior of the facility.</b></p>	<p><b>3201.6.2.4</b></p> <ul style="list-style-type: none"> <li>The order has been signed by a physician. <i>Completed 2/16/12</i></li> <li>Records were reviewed to ensure all medical team verbal orders have been signed. A note was left in the SBAR medical communication book for any orders that needed a signature. <i>Completed 2/16/12</i></li> <li>All verbal orders were signed by a member of the medical team. <i>Completed 2/17/12</i></li> <li>The nursing procedure for Noting a Physician's Order was revised 12/13/11. When the nurses are completing the 24 hours chart checks and discover an unsigned verbal order they are to leave a note for the medical team in the SBAR medical communication book that a signature is needed. (The unsigned order noted in the review was dated 4/16/11.) <i>Completed 12/13/11</i></li> <li>An email was sent on 2/15/12 to the medical team advising them to ensure all orders are signed when they are completing their 60-day reviews. <i>Exhibit A Completed 2/15/12 &amp; Ongoing</i></li> </ul>



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Long Term Care  
Residents Protection

DHSS - DLTCRP  
3 Mill Road, Suite 308  
Wilmington, Delaware 19806  
(302) 577-6661

**STATE SURVEY REPORT**

Page 3 of 13

NAME OF FACILITY: Stockley Center

DATE SURVEY COMPLETED: January 27, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	<p><b>This requirement is not met as evidenced by:</b></p> <p>Based on observations made in the All Star recreation building, it was determined that the facility failed to provide a clean environment for the clients. Findings include:</p> <ol style="list-style-type: none"> <li>On 01/27/12 at 10:16AM, room #124 was being used by five residents and five staff members. The floor of this room was dirty and needed to be swept. The floor had a couple small circular, red, dried spills that needed to be mopped.</li> <li>On 01/27/12 at 10:30AM, room #122 was being used by nine residents and four staff members. The floor of this room was dirty and needed to be swept.</li> <li>The hallway between the classrooms and the auditorium, where three linen carts were stored, needed to be swept as dirt and debris had accumulated under the carts.</li> </ol>	<p><b>3201.6.6.1</b></p> <ul style="list-style-type: none"> <li>Contracted cleaning service provider was <i>terminated on 1/30/12.</i></li> <li>Rooms 122, 124 &amp; the hallway were thoroughly cleaned on 1/30/12 by State custodial staff. This area will continue to be cleaned by State staff. All floors were professionally cleaned 2/2, 2/3 &amp; <i>Completed 2/6/12 &amp; Ongoing</i></li> <li>The entire building was checked and thoroughly cleaned including professional cleaning of floors on 2/2, 2/3 &amp; <i>Completed 2/6/12 &amp; Ongoing</i></li> <li>Daily checks will be done by area staff, managers and the custodians' supervisors. <i>Completed 2/7/12 &amp; Ongoing</i></li> <li>Office of Quality Management will complete quarterly environmental inspections. <i>To be completed by April 15, 2012 &amp; Ongoing</i></li> </ul>
3201.7.3.2	<p><b>Heating, Ventilation, Air Conditioning. The HVAC system for all areas used by residents shall be safe and easily controlled.</b></p> <p><b>This requirement is not met as evidenced by:</b></p> <p>Based on observations made in the resident rooms on 01/25/12 in the 102 Waples Way cottage, it was determined that the facility failed to provide an HVAC system that functioned properly. Findings include:</p> <ol style="list-style-type: none"> <li>The metal louvers of the floor vent of the</li> </ol>	<p><b>3201.7.3.2</b></p> <ul style="list-style-type: none"> <li>The louvers were tightened on 1/30/12. <i>Completed 1/30/12</i></li> <li>There are no other areas on campus with similar issues. <i>Completed 1/30/12</i></li> <li>Area staff and managers will monitor daily. <i>Completed 2/6/12 &amp; Ongoing</i></li> <li>Maintenance will do routine checks. <i>Completed 1/30/12 &amp; Ongoing</i></li> <li>Funding has been secured for installation of new HVAC system. <i>To be completed by 7/1/13</i></li> <li>Office of Quality Management will complete quarterly environmental inspections. <i>To be completed by April 15, 2012 &amp; Ongoing</i></li> </ul>



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Long Term Care  
Residents Protection

DHSS - DLTCRP  
3 Mill Road, Suite 308  
Wilmington, Delaware 19806  
(302) 577-6661

**STATE SURVEY REPORT**

Page 4 of 13

**NAME OF FACILITY:** Stockley Center

**DATE SURVEY COMPLETED:** January 27, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
<p><b>16 Del. C. Chapter 11 Subchapter III, § 1131</b></p>	<p>HVAC system in room 102A were loose. The metal louvers made a clinking noise as the forced air caused them to continuously collide. This noise would be a nuisance to the residents in this sleeping area.</p> <p><b>Definition</b></p> <p><b>(9) Neglect</b></p> <p><b>(a) Lack of attention to physical needs of the patient or resident including, but not limited to toileting, bathing, meals, and safety.</b></p> <p><b>This requirement is not met as evidenced by:</b></p> <p>Based on record reviews, staff interviews, and review of other documentation as indicated it was determined that for three (C11, C13, and C12) out of 13 clients sampled reviewed experienced neglect while residing in the facility. The facility neglected to thoroughly assess C11's (was dependant on continuous oxygen therapy) respiratory status when he experienced a change in condition and neglected to provide nursing services in accordance with C11's needs. The facility neglected to conduct a thorough assessment of C13's respiratory status, neglected to notify the physician for appropriate interventions and failed to use all resources available to them including respiratory personnel. C12 had a change in condition as evidenced by low blood pressure, rapid heart rate, and decreasing blood oxygen saturation and the facility neglected to closely monitor and reassess C12's condition that resulted in C12 being admitted to the hospital for acute hypoxemic respiratory failure secondary to aspiration pneumonia.</p>	<p><b>W 331</b></p> <ul style="list-style-type: none"> <li>Appropriate corrective actions were completed with all nurses involved in the referenced incidents. <i>Completed 2/17/12</i></li> <li>A memo was sent on 2/6/12, to all nursing staff outlining the expectations for completing thorough physical assessments and prompt notification of the medical team. <i>Exhibit C Completed 2/6/12</i></li> <li>A sweep of records for residents with recent significant medical issues was completed using the attached COR Nursing/Medical Review form. <i>Exhibit D Completed 2/21/12</i></li> <li>The findings from these reviews will be reviewed by the Director of Nursing and appropriate corrective actions will be taken. <i>To be completed by 3/9/12</i></li> <li>An in-service for nursing staff on Physical Assessment will be presented by the nurse practitioners the weeks of March 5 and 12, 2012. <i>To be completed by 3/16/12</i></li> <li>The Nursing Documentation Procedure will be revised to include the routine ongoing monitoring of nursing documentation by the nursing supervisors. <i>To be completed by 3/9/12 &amp; Ongoing</i></li> </ul>





**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Long Term Care  
Residents Protection

DHSS - DLTCRP  
3 Mill Road, Suite 308  
Wilmington, Delaware 19806  
(302) 677-6661

**STATE SURVEY REPORT**

Page 5 of 13

**NAME OF FACILITY:** Stockley Center

**DATE SURVEY COMPLETED:** January 27, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	<p>Findings include:</p> <p>1. C11 had diagnoses that included profound mental retardation, seizures, microcephaly, severe dysphagia (received feedings via gastrostomy tube/G-tube), severe asthma, progressive pulmonary disease with fibrosis, was receiving oxygen at 2 liters per minute and morphine therapy for chronic cough and dyspnea. C11 had a current "Do not resuscitate" order. C11's nursing care plan stated: Observe for and document signs and symptoms of ineffective breathing such as shortness of breath, nasal flaring, apnea etc.</p> <p>Review of C11's routine progress note by the attending physician dated 4/11/11 documented blood pressure (B/P) of 107/72, heart rate (HR) of 88 per minute, respiratory rate (RR) of 18 per minute, and pulse oximetry (monitors oxygen saturation) of 92% on 2 liter of oxygen.</p> <p>The CNA (certified nursing assistant) note dated 4/16/11 and timed 4 PM documented that C11 "yelled more today than normal." At approximately 8:15 PM, the charge nurse documented C11's vital signs: temperature (T) 100.8 F axillary (AX), RR 36, HR 128, pulse oximetry 95 - 98% on 2 liters oxygen (no BP noted) and a respiratory assessment as follows: "rhonchi bilaterally, grunting breathing." Also documented was "Seizure activity witnessed by Respiratory (therapist) lasting 1 minute &amp; 15 seconds." The nurse practitioner (NP) was notified and orders obtained. The verbal physician order read as follows:</p> <p>" 1. Tylenol (medication) 6.5 ml.</p>	<p><b>W 331 continued</b></p> <ul style="list-style-type: none"><li>• The Physician's Generic Standing Orders and Medical Team Notification policy for medical team notification will be revised to include instructions for when a member of the medical team does not respond timely. <i>To be completed by 3/9/12</i></li><li>• The nurse supervisors will be trained on proper completion of the COR Nursing/Medical audit. <i>To be completed by 3/16/12</i></li><li>• The nurse supervisors will complete routine periodic COR Nursing/ Medical audits to ensure thorough documentation and prompt notification of the medical team has occurred. <i>To be completed by 4/1/12 &amp; Ongoing</i></li><li>• These audits will be reviewed by the Director of Nursing for any deficient practices and appropriate actions will be taken with the nurses involved. <i>To be completed by 4/1/12 &amp; Ongoing</i></li><li>• Designation has been made for a nursing educator at Stockley Center. <i>Completed 2/16/12 &amp; Ongoing</i></li></ul>

Provider's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Long Term Care  
Residents Protection

DHSS - DLTCRP  
3 Mill Road, Suite 308  
Wilmington, Delaware 19806  
(302) 577-6661

**STATE SURVEY REPORT**

Page 6 of 13

**NAME OF FACILITY:** Stockley Center

**DATE SURVEY COMPLETED:** January 27, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	<p>(milliliter)/650 mg. (milligram) via G-Tube prn (as needed) @ (at) 2AM, 12 noon, 4PM for temp. &gt;99.9 AX x (times) 48 hrs. (hours)</p> <p>2. Vital signs q (every) 4 hrs. x 48 hrs.</p> <p>3. Sputum culture 4/17/11 AM</p> <p>4. CXR (chest X-ray) 4/17/11</p> <p>5. Avelox (antibiotic) 400 mg. via G-Tube q day x 10 days after sputum culture obtained."</p> <p>The nursing note dated 4/16/11 and timed 9:55 PM documented C11's vital signs: T 97.7 AX, pulse oximetry 95% on 2 liters oxygen, HR 122, RR 30, and B/P 106/73. A seizure lasting 15 seconds and grunting respirations were also documented. The medication administration record for April 2011 noted C11's routine bedtime medication APAP 650 mg. (which was a generic form of Tylenol) was administered. C11 had not voided that shift and the nurse reported these findings to the charge nurse and neglected to notify the NP who was on call. The night shift nursing note dated 4/17/11 documented vital signs from 12 AM to 5 AM. The RR was 22 to 28 but there was no documentation of C11's respiratory status (or oxygen level) other than the pulse oximetry reading of 93% and HR of 122 at 12 AM. The nurse documented that C11 voided a small amount and supervisor was notified.</p> <p>The nursing note date 4/17/11 and timed 7:17AM documented full vital signs of HR of 116 and RR of 28, while C11 was on 2 liters of oxygen, and a lung (some rhonchi, no wheezing) and gastrointestinal (abdomen slightly firm from distention) assessments. At 9:40 AM (Over 13 hours since the order was written) sputum culture, CXR and Avelox administration</p>	<p><b>W 331 continued</b></p> <ul style="list-style-type: none"><li>The Executive Director has established a more thorough internal death review process. <b>Exhibit E</b> <b>Completed 2/16/12 &amp; Ongoing</b></li><li>The Office of Quality Management will be asked by the Executive Director to complete surveys to ensure implementation of any recommendations/changes/corrective measures for all deaths. <b>After the Next Death &amp; Ongoing</b></li><li>The Facility Records Committee has been revised to the "Facility Peer Review Committee" that will have the responsibility to ensure compliance of individual records with applicable regulatory statutes and accrediting/licensing standards across all settings. <b>Exhibit F</b> <b>Completed 2/16/12 &amp; Ongoing</b></li><li>The Office of Quality Management will be asked by the Executive Director to complete quarterly random surveys to ensure implementation of any recommendations/ changes/ corrective measures for all deaths. <b>To be completed by 4/30/12 &amp; Ongoing</b></li></ul>



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Long Term Care  
Residents Protection

DHSS - DLTCRP  
3 Mill Road, Suite 308  
Wilmington, Delaware 19806  
(302) 577-8661

STATE SURVEY REPORT

Page 7 of 13

NAME OF FACILITY: Stockley Center

DATE SURVEY COMPLETED: January 27, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	<p>were completed (no respiratory assessment noted).</p> <p>The nursing note at 11:20 AM documented that C11 was found at approximately 10:55 AM grunting at a rate of 60 breaths/min., pulse oximetry 81% (critical low value) on 2 liters of oxygen which only increased to 84% when liters increased to 4 liters; skin was cool and clammy with HR of 115 and BP of 114/65. Respiratory therapy was notified of C11's distress and unable to auscultate breath sounds. Oxygen mask at 10 liters was applied which increased the pulse oximeter to 92% (normal standard dictated in policy). The nursing supervisor was notified and C11 was transported to the (name of hospital) where he was admitted for treatment. The treatment was discontinued and C11 was given IV (intravenous) Morphine and later expired at 7:30 PM. Cause of death documented as acute respiratory failure and pneumonia.</p> <p>Review of the facility's nursing policy and procedure titled "Nursing Documentation" stated: "IV. Situation Requiring Documentation: -Change in individual's health status (illness or injury) -Observations on each shift during an illness, including vital signs and pain scale as indicated until symptoms are resolved Documentation should continue on an illness for the duration and should include medications, their effectiveness, any side effects and notification of the physician."</p> <p>The facility neglected to perform a respiratory assessment from 8:15 PM to 6:30 the following AM on a client who was having respiratory complications. The radiology service was available to perform</p>	



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Long Term Care  
Residents Protection

DHSS - DLTCRP  
3 Mill Road, Suite 308  
Wilmington, Delaware 19806  
(302) 577-6661

**STATE SURVEY REPORT**

Page 8 of 13

**NAME OF FACILITY:** Stockley Center

**DATE SURVEY COMPLETED:** January 27, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	<p>CXR after-hours and nurses could have obtained the sputum cultures yet diagnostic services were ordered for the AM. The facility neglected to provide necessary services in a timely manner for C11 who was in respiratory distress.</p> <p>An interview with respiratory therapist E9 on 1/26/12 at approximately 2:30 PM revealed that the therapists worked 10-12 hrs. daily and the nurses are to perform all respiratory care and treatment in their absence. (They also document on nasal cannula oxygen dependent clients by exception per facility policy and report any abnormal findings to the nurse on duty.) These statements were confirmed by Qualified Mental Retardation Professional (E10) at 2:45 PM.</p> <p>An interview with the medical director E6 on 1/27/12 at approximately 11:30 AM confirmed the delay in service of diagnostic services including CXR and sputum culture which were not done until the AM, thus, antibiotic (that is in their stock pharmacy) treatment was not initiated. The facility neglected to complete thorough assessments for C11. The facility also neglected to notify the NP when C11's health status was continually declining and failed to contact the medical director when orders were written to be completed over 12 hours later. Findings were reviewed with Director of Nursing, E3 on 1/27/12 at 12 PM who also confirmed the above findings.</p> <p>2. C13 was admitted to the facility with diagnoses that included profound mental retardation, hypothyroidism, osteoporosis, severe kyphoscoliosis, thrombocytopenia, bipolar disease, blindness, dysphagia, colostomy and jejunostomy tube.</p>	



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Long Term Care  
Residents Protection

DHSS - DLTCRP  
3 Mill Road, Suite 308  
Wilmington, Delaware 19806  
(302) 577-6661

**STATE SURVEY REPORT**

Page 9 of 13

**NAME OF FACILITY:** Stockley Center

**DATE SURVEY COMPLETED:** January 27, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	<p>The November 2011 physician order for C13 documented an order for "Duoneb 2.5/0.5 mg. via nebulizer every 4 hours as needed for shortness of breath/wheezing."</p> <p>Review of C13's "Interdisciplinary/Progress Notes (IDCP Notes)" dated 11/27/11 and timed 6 AM written by the 11-7 CNA stated C13 was awake on and off through the night with some coughing. The 11-7 nurse documented in the IDCP Notes that at 6 AM, C13's vital signs were T of 97.6 F axillary, B/P 118/68, HR 88, RR 20 and her pulse oximetry of 95% on room air (RA). The nurse continued to document that C13 had a deep, non-productive cough that was noted throughout the night.</p> <p>The facility's nursing procedure for "Assessing Respirations" stated to determine the rate and quality of a resident's respiration rate the nurse assess the depth of the respirations by observing movement of the chest. Describe as normal, deep or shallow. The nurse should auscultate and percussion may be needed to assess abnormal lung sounds. Document and report pertinent assessment data. C13's record lacked evidence that her lungs were auscultated or an assessment was done of the depth of the respirations even though she was documented to have deep non-productive cough. The facility neglected to do a thorough respiratory assessment on C13.</p> <p>On 11/27/11 at 11:30 AM, the 7-3 nurse documented that she walked into C13's room at 11:13 AM. She was sitting in her wheelchair. Hands were cold to touch, mouth cyanotic. There was no pulse. Nurse supervisor was notified and C13</p>	



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Long Term Care  
Residents Protection

DHSS - DLTCRP  
3 Mill Road, Suite 308  
Wilmington, Delaware 19806  
(302) 577-6661

**STATE SURVEY REPORT**

Page 10 of 13

**NAME OF FACILITY:** Stockley Center

**DATE SURVEY COMPLETED:** January 27, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	<p>was pronounced dead. The nursing supervisor documented that the physician and the guardian were notified. The record review lacked evidence indicating that the 7-3 nurse assessed C13 who had a change in condition by having a deep non-productive cough on the 11-7 shift before C13 was found deceased. The facility neglected to do a thorough assessment on the 11-7 shift and failed to do any assessment on the 7-3 shift until after C13 was found deceased.</p> <p>Review of C13's death certificate revealed the cause of death was sudden cardiorespiratory death, tracheobronchial plugging of mucus, debilitating condition, old age and multiple medical conditions, and dysphagia. The manner of death was documented as being natural.</p> <p>On 1/26/12 at 12:05 PM, an interview with E3, Director of Nursing revealed that the 11-7 nurse should have completed a thorough assessment. The 7-3 nurse should have assessed C13 when she came in. The staff could have notified the Respiratory staff if they had a respiratory/coughing concern.</p> <p>On 1/27/12 at 8:50 AM, the surveyor met with the Administrator E1, the Medical Director E6, and E3. The concerns surrounding the care of C13 identified were presented to this team. All the concerns were confirmed.</p> <p>On 1/27/12 at 11:10 AM interview with E7, Respiratory Therapist revealed that if anyone from his department was notified of any respiratory problem or coughing problem, they would have documented their assessment in the IDCP Notes or on the Treatment Assessment Record.</p>	



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Long Term Care  
Residents Protection

DHSS - DLTORP  
3 Mill Road, Suite 308  
Wilmington, Delaware 19806  
(302) 577-6861

**STATE SURVEY REPORT**

Page 11 of 13

**NAME OF FACILITY:** Stockley Center

**DATE SURVEY COMPLETED:** January 27, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	<p>Review of these two records failed to have documentation that the respiratory personnel were notified of C13's non-productive deep cough or that a staff member administered a nebulizer treatment for C13. The facility neglected to use all resources available to them to ensure C13 received the care necessary for her respiratory condition.</p> <p>3. C12 was admitted to the facility with diagnoses including mental retardation severe, Tourette's Syndrome, osteoarthritis, hypertension, histories of anemia and iron deficiency, chronic constipation.</p> <p>Review of C12's "Nursing Quarterly Visual Review" dated 2/20/11 documented B/P 121/80, HR 72, RR 16; and pulse oximetry of 96% on room air (RA).</p> <p>Review of the "IDCP Notes" dated 3/15/12 timed 7:24 AM documented by E4 (Registered Nurse) that C12 was complaining of nausea and vital signs included B/P of 86/64, HR of 102, RR of 24 and pulse oximetry of 90-92%. In addition, C12 vomited small amount of frothy white/clear emesis and abdominal assessment revealed hypoactive bowel sounds with tenderness noted on palpation of right lower quadrant and to be seen by M.D.</p> <p>Subsequent IDCP Noted dated 3/15 and timed 9 AM documented that "NP (Nurse Practitioner/E5) called unit and E5 notified of C12's status. Emesis X2."</p> <p>Subsequent IDCP Noted dated 3/15/11 and timed 12:20 PM documented that at 10:40 AM, C12's HR was 120, RR24, pulse oximetry of 84-88%. Oxygen tank</p>	



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Long Term Care  
Residents Protection

DHSS - DLTCRP  
3 Mill Road, Suite 308  
Wilmington, Delaware 19806  
(302) 577-6661

**STATE SURVEY REPORT**

Page 12 of 13

NAME OF FACILITY: Stockley Center

DATE SURVEY COMPLETED: January 27, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	<p>obtained with nasal cannula. Resp. (Respiratory) and NP (E5) contacted. Lungs bilaterally with rhonci, color poor, and using accessory muscles. Respiratory distress. Code called. C12 sent by ambulance to the hospital.</p> <p>Although C12 had an abnormal vital signs, as evidenced by low blood pressure, rapid heart rate, and decreasing oxygen saturation, record review lacked evidence that C12's health condition was closely monitored or reassessed from the initial assessment at 7:24 AM until 10:40 AM, when C12 was found in respiratory distress.</p> <p>Review of the admission history and physical dated 3/15/11 revealed that upon arrival, C12's B/P was 77/53, HR of 124, RR of 59, and pulse oximetry was between 78-80%. "Reason for Admission: acute hypoxemic respiratory failure secondary to aspiration pneumonia."</p> <p>An interview with E4 (Registered Nurse) on 1/26/12 at approximately 10 AM revealed she checked on C12 after the initial assessment at 7:24 AM, however, E4 could not recall what reassessment information was gathered.</p> <p>An interview with E5 on 1/30/12 at approximately 2:35 PM revealed that she does not recall whether she was paged three times on 3/15/11 from approximately 7:24 AM to 9 AM. In addition, E5 related that if she was informed of the above significant change in condition, E5 would have sent the client earlier to the hospital since she would have known that the client's condition was quickly deteriorating.</p> <p>An interview with E3 on 1/27/12 at</p>	





**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Long Term Care  
Residents Protection

DHSS - DLTCRP  
3 Mill Road, Suite 308  
Wilmington, Delaware 19806  
(302) 577-6661

**STATE SURVEY REPORT**

Page 13 of 13

**NAME OF FACILITY:** Stockley Center

**DATE SURVEY COMPLETED:** January 27, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	<p>approximately 1 PM confirmed that due to C12's change in health condition, she would have expected that C12's health condition would have been closely monitored and reassessed.</p> <p>Findings reviewed with E1, E2 (Director of Residential Services), and E3 on 1/27/12 at approximately 1:30 PM.</p>	